Approved for use through 08/30/2010, Old 0851-0032
Under the Paperwork Reduction Act of 1995, his persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RESERVED Substitute for Form PTO-876 Application or Dooket Number APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY .OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIQ FEE (\$7 OFR 1.16(a),(b); or (c)) RATE (\$) FEE (\$) RATE (\$) . N/A FEE (\$) NA . NA SEARCH FEE NA (37 OFR 7.16(1), (D, or (my) N/A N/A N/A EXAMINATION FEE (87 OFR 1.16(0), (P), or (q)) N/A N/A N/A N/A TOTAL CLAIMS NA (37 CFR 1.16(1)) mknus 20 = EB: = INDEPENDENT CLAIMS G7 OFR 1.15(N) OR 50 minus 3. = × 105 If the specification and drawings exceed 100 210 = APPLICATION SIZE sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(s)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) 185 370 If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN. SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) AFTER ADDI EXTRA RATE (\$) ADDI-MENDMENT PAID FOR TIONAL TIONAL FEE (\$) Total, Minus FEE (\$) \mathcal{O} 25 Independent OF DER 1,16(N) ÖR x.50 Minus x 105 Application Size Fee (92 CFR 1.16(s)) 210 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 370 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHES: œ NUMBER PRESENT AFTER RATE (\$) ADDI-PREVIOUSLY RATE (\$) EXTRA ADDI AMENDMENT: TIONAL FEE (\$) PAID FOR 包 TIONAL FEE (\$) Total CT CFR L1600 Minus x 25 independeni ||TOFA-1.16(N)|. 50 Minus OR x 105 = Application 8/ze Fee (37 CFR 1.16(s)) OR x 210 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (67 OFR 1.16(1)) 185 OR TOTAL

** If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

** If the Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a penellity by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**ADDRESS. SEND TO: Oommissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completting the form, ball 1-800-PTO-8160 and select option 2.